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Attorney's Docket 071469-0306000
Client Reference: PC0228A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:
RICHARD PARSONS

Confirmation No: 3006

Application No.: 10/812,083

Group Art Unit: 2876

Filed: March 30, 2004

Examiner: Ahshik Kim

Title: DEVICE FOR REMOTE IDENTIFICATION OF PARTS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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UNDER 37 C.F.R. §1.8

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REQUEST FOR CONTINUED EXAMINATION (RCE) AND PETITION FOR
ONE-MONTH EXTENSION OF TIME IN RESPONSE TO ADVISORY
ACTION DATED SEPTEMBER 14, 2006

PILLSBURY WINTHROP SHAW PITTMAN LLP


JEFFREY KARCESKI
Reg. No. 35914

Date: September 19, 2006
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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4418).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 790.00

Complete if Known

Application Number 10/812,083
Filing Date March 30, 2004
First Named Inventor RICHARD PARSONS
Examiner Name Abshik Kim
Art Unit 2876
Attorney Docket No. 071469-0306000

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x 250.00 = 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge), Request for Continued Examination (RCE)

790.00

SUBMITTED BY

Signature

Name (Print/Type) Jeffrey Karcinski

Registration No.
(Attorney/Agent)

35914

Telephone

202.663.8403

Date

September 19, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **790.00****Complete if Known.**

Application Number **10/812,083**
 Filing Date **March 30, 2004**
 First Named Inventor **RICHARD PARSONS**
 Examiner Name **Ahshik Kim**
 Art Unit **2876**
 Attorney Docket No. **071469-0306000**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: **033975** Deposit Account Name: **PILLSBURY WINTHROP SHAW PITTMAN LLP**

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☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Design	200	100	100	50	130	65	
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Provisional	200	100	0	0	0	0	

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Each claim over 20 (including Reissues)

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Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
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- 20 or HP =

x

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Indep. Claims**Extra Claims****Fee (\$)****Fees Paid (\$)**

- 3 or HP =

x

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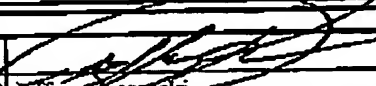
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	250.00	0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination (RCE)

Fees Paid (\$)**790.00**

SUBMITTED BY		Registration No.	Telephone
Signature		35914	202.663.8403
Name (Print/Type) Jeffrey K. Koleski		Date	September 19, 2006

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